

POSITION	ID NO.	DATE
CLASSIFIER	35	2/10/70
EXAMINER	703-2	2-20-70
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	Original
1	2/10/70
2	2/10/70
3	2/10/70
4	2/10/70
5	2/10/70
6	2/10/70
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48	2/10/70
49	2/10/70
50	2/10/70

BEST AVAILABLE COPY

SYMBOLS  
 ✓ Rejected  
 = Allowed  
 - (Through numbers) Canceled  
 + Restricted  
 N Non-elected  
 A Interference  
 A Appeal  
 O Objected

Claim	Date
Final	Original
51	
52	
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